### **2005 NOT-FOR-PROFIT CORPORATION**

# **FILED** Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90053 025 \*\*\*\*61.25

## **ANNUAL REPORT**

DOCUMENT # N0100008019  1. Entity Name REGIONAL COOPERATIVE ALLIANCE, INC.						04-13-2005 90053 025 ****61.25					
4000 GATEV	ce of Business VAY CENTRE BLVD STE 100 ARK, FL 33782		iling Address 000 GATEWAY CENTRE BLVD STE 100 NELLAS PARK, FL 33782					40003		PIBLET ISS	
2. Principal F	Place of Business	3. Mailing Address	Mailing Address								
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.			03172005	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State	City & State			4. FEI Number			Ap	plied For	
Zip	Country	Zip	Zip Cou		66-0033581  5. Certificate of Status Des				No. \$8.75 Add Fee Require		
<del></del> -	8. Name and Address of Current	 Registered Agent	1	r		7. Name and A	Address of New R			0	
PUMARIEGA, MANNY L EX.DIR. 4000 GATEWAY CENTRE BLVD STE 100 PINELLAS PARK, FL 33782					Name						
					Street Address (P.O. Box Number is Not Acceptable)						
				City		<del></del>		FL	Zip Code	<del></del>	
8 The above	named entity submits this statement for	od office or	<u></u>								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Filing Fee is \$61.25 Due by May 1, 2005	Trust Fund	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Flor	ake check ida Depart	payable to ment of St	ate	
10.	OFFICERS AND DIF		11.		AI	ODITIONS/CHAI	NGES TO OFFICE	RS AND DIR			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, WILHELMINA PO BOX 756 RIVERVIEW, FL 33569	<b>⊠</b> Delete		E Et adoress -St-Zip	MARY	ALVARE	<b>= Z</b>		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KERSTEEN, ROBERT 2821 61ST LANE N. SAINT PETERSBURG, FL 33710	☐ Delete		E ET ADORESS -ST-ZIP	D Ken	HAGAN			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYNES, DEBORAH PO BOX 1348 DUNEDIN, FL 34697	☐ Delete		ET ADDRESS ST-ZIP	D SOHN	MORRON	75		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATT, JAN PO BOX 1110 TAMPA, FL 33601	<b>⊠</b> Delete		ET ADORESS ST-ZIP	BARBI	ARA SHEE	N TODD		□ Change <b>DELE</b>	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JILL 2912 WALL CRAFT AVE. TAMPA, FL 33611	☐ Delete		ET ADDRESS ST-ZIP	D STEVE 7530 I VEW F	SIMON LITTLE RO. PORT RICHE	SUITE 150 Y.FL. 346	54	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	D ZAYAC, KEITH 750 MAIN ST. SAFETY HARBOR, FL 34695 Sertify that the information supplied with	Delete	CITY-	ET ADDRESS ST-ZIP	08EA 282/ 57. Poed in Sect	RT KERS 61 ET LAN BETERSBUR Bion 119.07(3)(i).	Suite 150 Y, FL. 346 TEEN E N. OG FL. 33 Plorida Statutes.	37/0	Change	Addition Addition	

representation or this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

#### 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#### ITEM //. CONTINUATION SHEATTACHMENT DOCUMENT # N01000008019 REGIONAL COOPERATIVE ALLIANCE, INC. Principal Place of Business Mailing Address 4000 GATEWAY CENTRE BLVD STE 100 4000 GATEWAY CENTRE BLVD STE 100 40055170 PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 66-0033581 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUMARIEGA, MANNY L EX.DIR. 4000 GATEWAY CENTRE BLVD STE 100 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK, FL 33782 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to it is a first to it is a first to it. It is a first to it. It is a first to it. Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE Delete TITLE Change JILL COLLINS 2912 WALLCRAFT AVE. CURTIS, WILHELMINA NAME STREET ADDRESS PO BOX 756 STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TAMPA, FL 33611 DST TITLE ☐ Delete TITLE Change ☐ Addition SANE SON HAHMANN KERSTEEN, ROBERT NAME NAME STREET ADDRESS 2821 61ST LANE N. PO. BOX 1000 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33710 CITY-ST-ZIP BRADENTON, FL. 34206 TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME KYNES, DEBORAH NAME STREET ADDRESS PO BOX 1348 STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34697 CITY-ST-ZIP TITLE Delete me ☐ Channe ☐ Addition PLATT, JAN NAME NAME STREET ADDRESS PO BOX 1110 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33601 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME COLLINS, JILL NAME 2912 WALL CRAFT AVE. STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP TITLE 28 Delete ☐ Change ☐ Addition ZAYAC, KEITH NAME NAME STREET ADDRESS 750 MAIN ST. STREET ADDRESS SAFETY HARBOR, FL 34695 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: \_

Date

Daytime Phone #